



FINANCIAL/SOCIAL SERVICES COMMUNICATION

REQUIRED: ☐ New Service ☐ Service/Program Change ☐ Functional Eligibility Review

DATE

TO:	ORGANIZATION:	MAILSTOP:
FROM:	ORGANIZATION:	MAILSTOP:
CASE NAME	TELEPHONE NUMBER	ACES CLIENT ID NUMBER
ADDRESS	CITY	STATE

- ☐ Client remains functionally eligible
☐ No change in service
☐ Change in service - See Below
☐ Client is no longer functionally eligible -
Case Closed:

NSA ☐ Yes ☐ No
Describe:

☐ Limited English Proficiency
Preferred Language:

Date:
Fin Application

Fin Eligibility

NURSING FACILITY PLACEMENT	GAX/NGMA	RESIDENTIAL
Date of Request for CA: _____ NFLC: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Admit: _____ Name of Facility: _____ Likely to meet/exceed 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Income Exemption (Housing Allowance) Amount: _____ Dates: _____ to _____ NURSING HOME DISCHARGE Date of Discharge: _____ Discharged with Services <input type="checkbox"/> Yes (Complete service section) <input type="checkbox"/> No	<input type="checkbox"/> GAX Request/in-process _____ <input type="checkbox"/> NGMA Request/in-process _____ IN-HOME Effective Date: <input type="checkbox"/> MPC _____ <input type="checkbox"/> COPES _____ <input type="checkbox"/> Fast Track _____ <input type="checkbox"/> ETP _____	Service Begin Date: _____ Facility: _____ Address: _____ _____ _____ Telephone: _____ <input type="checkbox"/> STATE PAY (GAU ONLY) <input type="checkbox"/> AFH <input type="checkbox"/> ARC <input type="checkbox"/> MPC Daily Rate: _____ <input type="checkbox"/> Fast Track Setting: <input type="checkbox"/> AFH <input type="checkbox"/> ARC <input type="checkbox"/> COPES Daily Rate: _____ <input type="checkbox"/> Fast Track Setting: <input type="checkbox"/> AFH <input type="checkbox"/> EARC <input type="checkbox"/> AL <input type="checkbox"/> MN WAIVER SERVICES Date of Request: _____ <input type="checkbox"/> AFH LOC: _____ <input type="checkbox"/> EARC LOC: _____ <input type="checkbox"/> AL LOC: _____ <input type="checkbox"/> AL with capitol add on, LOC: _____ Daily Rate: _____ ETR Rate: _____
COMMENTS		
Case Manager: _____ Agency: _____ Transferred To: _____ Agency: _____		